



May 25, 2017

Received & Inspected

MAY 25 2017

FCC Mailroom

Federal Communications Commission
Wireline Competition Bureau
Industry Analysis and Technology Division
445 12th Street, SW
Washington, DC 20554

RE: FCC Form 395 - Shenandoah Telephone Company, Shenandoah Personal Communications, LLC, Shentel Communications, LLC

Dear Sir or Madam,

Please find enclosed signed copies of Form 395 for Shenandoah Telephone Company, Shenandoah Personal Communications, LLC and Shentel Communications, LLC. These companies are all subsidiaries of Shenandoah Telecommunications Company, and all employees are managed by another subsidiary: Shentel Management Company.

If you have any questions or need any additional information please feel free to contact me at (540) 984-3273.

Sincerely,

Sarah Fromme
Senior Legal Analyst

Enclosures

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB

3060-0076

Est. time per response:
1 hour**SECTION 1 - General Information**

[Please read instructions before completing and for Notice regarding public burden.]

1. Name and Mailing Address of Respondent

Shentel Communications, LLC **(See note, below)
PO Box 459
Edinburg, VA 22824

☐ Check here if this
is a change of
address.

2. Year Report Filed

2017

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

1/1/2017

4. Number of Full-Time Employees during Selected
Reporting Period (check one):

a. ☐ Fewer than 16 (complete Sections I, IV, and V only)
b. ☒ 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Job
Categories

Job Categories	Hispanic or Latino		Not-Hispanic or Latino													Total Columns A - N
			Male							Female						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
Executive/Senior Level Officials and Managers	1.1			15							1	1				17
First/Mid-Level Officials and Managers	1.2	2		113	4		1		2	46						168
Professionals	2	3	2	106	3		3	1	2	68	2					190
Technicians	3	2		118	6			1		2						129
Sales Workers	4	13	8	158	25		1		4	83	16		7		8	323
Administrative Support Workers	5	2	3	61	8		1			204	12		2		3	296
Craft Workers	6			65	2											67
Operatives	7			1											1	
Laborers and Helpers	8			6											6	
Service Workers	9														0	
TOTAL	10	22	13	643	48	0	6	2	8	404	31	0	9	0	11	1,197
PREVIOUS YEAR TOTAL	11	12	10	386	27	0	2	3	7	226	12	0	2	0	5	692

**NOTE: All individuals are employed by an affiliate - Shentel Management Company

SECTION III - Part-Time Employees.

Job Categories															Number of Employees (Report employees in only one category)														
Race/Ethnicity															Total Columns A - N														
Hispanic or Latino															Not-Hispanic or Latino														
Male															Female														
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SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.156, 101.4, and 101.311.

- ☐ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- ☒ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	5/25/17	Typed or Printed Name of Person Signing	Ann Flowers	Signature	<i>Ann Flowers</i>	Telephone No.	(540) 984-5320
Title of Person Signing	Associate General Counsel			WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).			

REPORT OF DISCRIMINATION COMPLAINTS

Date	Docket Number	Employee Name	Courts or Agency	Status
7/15/2016	ER-03-17	Lewis Saunders	West Virginia Human Rights Commission	Dismissed

FEDERAL COMMUNICATIONS COMMISSION
 Washington, DC 20554

Approved by OMB

3060-0076

Est. time per response:
1 hour**SECTION 1 - General Information**

1. Name and Mailing Address of Respondent

 Shenandoah Personal Communications, LLC *(See note, below)
 PO Box 459
 Edinburg, VA 22824

COMMON CARRIER ANNUAL EMPLOYMENT REPORT
 [Please read instructions before completing and for Notice regarding public burden.]

☐ Check here if this
is a change of
address.

2. Year Report Filed

2017

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

1/1/2017

4. Number of Full-Time Employees during Selected
Reporting Period (check one):

- a.
- ☐
- Fewer than 16 (complete Sections I, IV, and V only)
-
- b.
- ☒
- 16 or more (complete all sections)

SECTION II - Full-Time Employees.**Number of Employees**

(Report employees in only one category)

Race/Ethnicity**Job
Categories**

Categories	Not-Hispanic or Latino															Total Columns A - N	
	Hispanic or Latino		Male							Female							
			Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native		Two or more races
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
Executive/Senior Level Officials and Managers	1.1		15						1	1						17	
First/Mid-Level Officials and Managers	1.2	2	113	4		1		2	46							168	
Professionals	2	3	106	3		3	1	2	68	2						190	
Technicians	3	2	118	6			1		2							129	
Sales Workers	4	13	158	25		1		4	83	16		7			8	323	
Administrative Support Workers	5	2	61	8		1			204	12		2			3	296	
Craft Workers	6		65	2												67	
Operatives	7		1													1	
Laborers and Helpers	8		6													6	
Service Workers	9															0	
TOTAL	10	22	643	48	0	6	2	8	404	31	0	9	0		11	1,197	
PREVIOUS YEAR TOTAL	11	12	386	27	0	2	3	7	226	12	0	2	0		5	692	

**NOTE: All individuals are employed by an affiliate - Shenel Management Company

SECTION III - Part-Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Categories	Hispanic or Latino		Not-Hispanic or Latino													Total Columns A - N	
	Male	Female	Male											Female			
			White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
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First/Mid-Level Officials and Managers	1.2																0
Professionals	2			1													1
Technicians	3																0
Sales Workers	4			4	1					1	1	1					8
Administrative Support Workers	5	3		11	3						9	2					28
Craft Workers	6																0
Operatives	7																0
Laborers and Helpers	8																0
Service Workers	9																0
TOTAL	10	3	0	16	4	0	0	0	1	10	3	0	0	0	0	0	37
PREVIOUS YEAR TOTAL	11	2	0	13	1	0	0	0	0	12	3	0	0	0	0	1	32

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.56, 90.158, 101.4, and 101.311.

☐ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

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SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date _____ Typed or Printed Name of Person Signing _____ Signature _____ Telephone No. _____

5/25/17

Ann Flowers

Ann Flowers

(540) 984-5320

Title of Person Signing

Associate General Counsel

WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).

REPORT OF DISCRIMINATION COMPLAINTS

Date	Docket Number	Employee Name	Courts or Agency	Status
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FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB

3060-0076

Est. time per response:
1 hour

SECTION 1 - General Information

1. Name and Mailing Address of Respondent

Shenandoah Telephone Company **(See note, below)
PO Box 459
Edinburg, VA 22824COMMON CARRIER ANNUAL EMPLOYMENT REPORT
[Please read instructions before completing and for Notice regarding public burden.]☐ Check here if this
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2. Year Report Filed

2017

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Period Covered by Report)

1/1/2017

4. Number of Full-Time Employees during Selected
Reporting Period (check one):
a. ☐ Fewer than 16 (complete Sections I, IV, and V only)
b. ☒ 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Number of Employees

(Report employees in only one category)

Race/Ethnicity

Job
Categories

Job Categories	Hispanic or Latino		Not-Hispanic or Latino														Total Columns A - N
			Male							Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
Executive/Senior Level Officials and Managers	1.1		15						1	1					17		
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(Report employees in only one category)

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Male	Female	A	B	C	D	E	F	G	H	I	J	K	L	M	N		
Executive/Senior Level Officials and Managers	1.1																0
First/Mid-Level Officials and Managers	1.2																0
Professionals	2			1													1
Technicians	3																0
Sales Workers	4			4	1				1	1	1						8
Administrative Support Workers	5	3		11	3					9	2						28
Craft Workers	6																0
Operatives	7																0
Laborers and Helpers	8																0
Service Workers	9																0
TOTAL	10	3	0	16	4	0	0	0	1	10	3	0	0	0	0	0	37
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SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date 5/25/2017 Typed or Printed Name of Person Signing Ann Flowers Signature Ann Flowers Telephone No. (540) 984-5320

Title of Person Signing Associate General Counsel

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